

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40032

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 402	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital				d. STREET ADDRESS (If rural, give location) 10 South Spanish Street			
3. NAME OF DECEASED (Type or Print) Hosea		a. (First)		b. (Middle) O'Daniells		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Sept. 16, 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radiator Shop		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Murphysboro, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ruben O'Daniells		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-07-3497A		17. INFORMANT'S SIGNATURE OR NAME Oscar O'Daniels, Cape Gir. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arrhythmia fibrillations DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4331	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/19, 1950, to 12/21, 1950, that I last saw the deceased alive on 12/20, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. Stein, M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 12/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 24, 1950		24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 12-28-1950		REGISTRAR'S SIGNATURE C. C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard L. Harrison Cape Gir. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. (

ic No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Howard R. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. *4132*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.